

## INTRODUCTION

Chapter 125 of the Iowa Code requires substance abuse treatment programs to be licensed by the Iowa Department of Public Health, Division of Behavioral Health. Chapter 135.150 of the Iowa Code, requires gambling treatment programs funded through the department be licensed by the department.

If your program is to be licensed or relicensed, please review all instructions carefully.

The following documents must be completed and mailed to the Department to make application or re-application for comprehensive treatment services: The documents are available on our website [http://www.idph.state.ia.us/bh/admin\\_regulation.asp](http://www.idph.state.ia.us/bh/admin_regulation.asp).

- **Application and Procedures for Licensure**
- **Americans With Disabilities Act Survey Form**

The following documents and web-links are also provided for your information on our website:

- Chapter 155 Licensure Standards for Substance Abuse and Problem Gambling Treatment Programs;
- Iowa Department of Public Health, Division of Behavioral Health Licensure Inspection Weighting Report;
- Iowa Code Chapter 125;
- Iowa Code Chapter 135.150;
- Confidentiality Regulations 42 Code of Federal Regulations;
- Health Insurance Portability and Accountability Act;
- American Society for Addiction Medicine Criteria.

The completed application form **is to be submitted within thirty (30) days from receipt of renewal notification** with the required supplemental materials to:

**Iowa Department of Public Health  
Division of Behavioral Health  
Lucas State Office Building  
321 East 12th Street  
Des Moines, Iowa 50319-0025**

In the event a program has difficulty in accessing or completing the forms, or questions of interpretation arise, the program should contact the Division at (515) 242-6161.

## **LICENSURE PROCEDURES**

### **I. PHASE 1 - APPLICATION PROCESS**

- A. Receipt of Application:** Upon request by new applicants, an application shall be available on our website at [www.idph.state.ia.us/bh/admin\\_regulation.asp](http://www.idph.state.ia.us/bh/admin_regulation.asp).

- B. Initial Applications for Licensure:** Initial Applications for Licensure: Programs that are not currently operating under another license or accreditation may not provide services until approval of a license by the Iowa Board of Health Substance Abuse/Problem Gambling Program Licensure Committee.

All programs applying for an initial license shall be inspected by the Department of Public Health, Division of Behavioral Health.

The application for licensure must be complete and will be reviewed prior to a scheduled on-site review.

1. If the program is currently operating under another license or accreditation the on-site review will include a review of clinical areas. A licensure inspection report will be presented to the Iowa Board of Health Substance Abuse/Problem Gambling Program Licensure Committee. Upon determination by the Committee the program may be issued a license for one (1), two (2), or (3) three years.
2. If the program is not operating under another license or accreditation the on-site review will not include a review of clinical areas since there will not be any clients/patients being served by the program. A licensure inspection report will be presented to the Iowa Board of Health Substance Abuse/Problem Gambling Program Licensure Committee. Upon determination by the Committee the program may be issued a license for 270 days. Upon approval by the Committee, the program can begin offering services.

- C. Application Review:** When a program submits the completed application, a thorough review of the application will be made by the Licensure staff for completeness. If additional information is required, a written request will be sent specifying the additional information needed.

### **II. TECHNICAL ASSISTANCE:**

All treatment programs applying for a license to operate a substance abuse and/or problem gambling treatment program for the first time will be given the opportunity to be visited by an appropriate staff member for the purpose of providing technical assistance regarding the license standards. Such technical assistance visits shall be scheduled and conducted following the department's receipt of the licensure application. Technical assistance can be waived at the discretion of the program, by notifying the Division in writing.

### III. PHASE 2 - LICENSURE ON-SITE PROGRAM INSPECTION

- A. **On-site Inspection:** An on-site licensure inspection of the program will be conducted within a time frame established by the Division following the receipt and review of the application for licensure. During this visit, the on-site inspection team will meet with the director, selected staff members and clients. Patient/client records and program policies and procedures will be reviewed. Upon completion of the inspection, the Division will submit an inspection report to the Iowa Board of Health, and a copy will also be mailed to the program.
- B. **Iowa Board of Health Substance Abuse/Problem Gambling Program Committee Meeting:** At the committee meeting, the inspection reports and application forms will be reviewed by the committee members. The committee will render a decision on issuance or denial of a license based on the review and the Department's recommendation.
- C. **Iowa Board of Health Substance Abuse/Problem Gambling Program Committee Approval of a License:** Those applicants whose applications are approved will be issued a license which contains three principle categories of information. The first will describe the type and nature of services that the program is authorized to provide:
1. Narcotic Detoxification/Maintenance Chemotherapy (Opioid Treatment Program);
  2. Assessment and Evaluation;
  3. OWI Correctional Residential;
  4. OWI Correctional Outpatient;
  5. Correctional Residential Treatment;
  6. Correctional Outpatient Treatment;
  7. Medically Managed Intensive Inpatient Services: Level IV;
  8. Residential/Inpatient Services: Levels III.1, III.3, III.5 and III.7;
  9. Intensive Outpatient/Partial Hospitalization Services: Levels II.1 and II.5; and,
  10. Outpatient Services: Level I and Continuing Care Level I.

The second will represent the time frame for which the license is issued. A renewable license may be issued for one, two or three years. A program applying for its first license may be issued a license for 270 days. A license issued for 270 days cannot be renewed or extended. The renewal of a one, two or three year license shall be contingent upon demonstration of continued compliance with the licensure standards, and based on the point value as reflected in the Licensure Weighting Report.

The third is whether the program is a substance abuse treatment program, a problem gambling treatment program or a substance abuse and problem gambling treatment program.

### IV. DENIAL OF A LICENSE

Please refer to sections 641-155.10 (125) Grounds for Denial of Initial License and 641-155.11 (125) Suspension, Revocation, or Refusal to Renew a License, IAC-641, Chapter 155 Licensure Standards for Substance Abuse and Problem Gambling Treatment Programs, for detailed information.

## APPLICATION INSTRUCTIONS

The same application form is utilized for initial applicants for licensure as well as for renewal of an existing license.

The form itself contains ten (10) major areas of information, each of which must be completed in detail. The ten (10) major areas in the following application instructions correspond to the ten (10) areas in the application form.

1. **PROGRAM NAME AND ADDRESS:** The full official title of the program must be used. Give the telephone number, fax number, e-mail address and address (including zip code) of the program's headquarters; and, if the program uses more than one facility, provide the addresses, telephone numbers, fax numbers and purpose or type of services provided for all facilities. Also list the hours of operation for each facility. If your program uses a system other than Iowa Service Management and Reporting Tool (I-SMART) please include facility codes if applicable.
2. **DIRECTOR:** Include the full name, title and address of the director or administrative head of the program.
3. **CAPACITY:** For facilities with beds, list capacity (number of beds) for each level of care, by gender. List outpatient capacity for each level of care.
4. **GOVERNING BODY:** Give the names, addresses, businesses/agencies and occupations of the program's body and advisory council. Submit a copy of existing Articles of Incorporation and Bylaws, if applicable. Use attached supplemental sheets, if necessary.
5. **STAFF MEMBERS:**
  - A. Provide names, titles, dates of employment, education, and years of current job-related experience, and type of license or certificate and number, for staff and volunteers.
  - B. Provide a list of any licensed or credentialed staff that have been sanctioned or disciplined by a certifying or licensing body, including the name of the staff member, the sanction or discipline imposed, the date and nature of the sanction or discipline and the name of the certifying or licensing body, since the previous renewal of the license.
  - C. Provide a copy of the table of organization. Where multiple components and/or facilities exist, relationships between components and/or facilities must be shown.
6. **PROGRAM SUPPORTIVE PERSONNEL:** Provide the names, addresses and license number, where appropriate, of all physicians, other professionally trained personnel, medical facilities, and other individuals or organizations with which the program has a contract or affiliation. Attach a copy of each contract or affiliation agreement.

**7. SERVICES:**

- A. Check the program components for which application is being made.
  - B. Provide a description of the treatment services provided by the program. State major program goals or objectives of each program component. If this information is included in the program's procedures manual, please indicate such in item 6.B. and omit any further narrative description.
- 8.** Submit copies of reports substantiating compliance with federal, state and local rules and laws for each facility, to include appropriate Iowa Department of Inspections and Appeals rules, state fire marshal's rules and fire ordinances, appropriate local health, fire, occupancy code, and safety regulations, as well as the following information for the categories listed below.
- 9.** Submit copies of the following materials in order to facilitate and expedite the on-site inspection.
- A. A disc containing current policies and procedures manual (each initial or re-applicant needs to submit complete comprehensive P and P Manual);
  - B. Annual in-service training plan(s);
  - C. Weekly schedule of chemical dependency/addiction/problem gambling rehabilitation services/activities for each level of care;
  - D. Articles of Incorporation and Bylaws, if applicable.
- 10.** Please provide the following Fiscal Management and Insurance information.
- A. Fiscal Management:
    - 1. A copy of recent audit or opinion of auditor; and,
    - 2. A copy of Board of Directors meeting of minutes to reflect approval of budget and insurance program
  - B. Insurance (Note: Persons in private practice as sole practitioners are exempt from #3 & #4):
    - 1. Professional and General Liability;
    - 2. Building;
    - 3. Workers' Compensation; and,
    - 4. Fidelity Bond.

When completed, mail the application form and supplemental materials to:

**Iowa Department of Public Health  
Division of Behavioral Health  
Lucas State Office Building  
Des Moines, Iowa 50319-0075**

APPLICATION FOR LICENSURE	
<b>1. Program Name:</b>  <b>Address:</b>   <b>Counties Served:</b>  <b>Telephone, fax and e-mail</b> <b>Status of Facility:</b> <b>Purpose or Type of Services Provided:</b>  <b>Days and Hours of Operation:</b>  <b>If applicable, facility code:</b>   <b>Is the Program Applying for Licensure as (Check One):</b>	 <hr/> <hr/> <hr/> <hr/> ( ) ( ) e-mail: <hr/> <input type="checkbox"/> New <input type="checkbox"/> Existing/Same  <hr/> <hr/> <hr/> <input type="checkbox"/> A Substance Abuse Treatment Program  <input type="checkbox"/> A Problem Gambling Treatment Program  <input type="checkbox"/> A Combined Program Treating Both Substance Abuse and Problem Gambling
<b>***ADDITIONAL FACILITIES (if applicable)***</b>	
<b>Facility Name:</b>  <b>Address:</b>   <b>Telephone :and FAX:</b>  <b>Status of Facility:</b> <b>Purpose or Type of Services Provided:</b>  <b>Days and Hours of Operation:</b>  <b>If applicable, facility code:</b>	 <hr/> <hr/> <hr/> ( ) ( ) <hr/> <input type="checkbox"/> New <input type="checkbox"/> Existing/Same  <hr/> <hr/> <hr/> <hr/>

***ADDITIONAL FACILITIES (if applicable)****	
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Iowa Department of Public Health  
Division of Behavioral Health  
Lucas State Office Building  
Des Moines, IA 50319-0075

<b>2.</b>	<b>Director:</b>  <b>Title:</b>  <b>Address:</b>   <b>Telephone and Fax numbers:</b>  <b>E-Mail Address:</b>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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### 3. CAPACITY

#### CURRENT RESIDENTIAL BED CAPACITY

##### LEVELS OF CARE

	III.1	III.3	III.5	III.7	IV
CLIENTS					
Adult Male					
Adult Female					
Adolescent Male					
Adolescent Female					

Describe How the Program Responds to Varying Census i.e. “Swing” Beds

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#### OUTPATIENT PROGRAM CAPACITY

	I-Continuing Care	I-Extended	II.1	II.5	Methadone
Adult					
Juvenile					

Iowa Department of Public Health  
Division of Behavioral Health  
Lucas State Office Building  
Des Moines, IA 50319-0075

**4. List Board Of Directors and Indicate Chairperson, if applicable**  
(Please attach supplemental sheet, if necessary).

NAME	ADDRESS	BUSINESS/OCCUPATION/AGENCY (if any)

NOTE: Substance abuse treatment program must submit a copy of existing articles of incorporation and bylaws, if applicable.

### 5. STAFF MEMBERS AND VOLUNTEERS

Please type or print. (Attach supplemental sheet, if necessary).

Name	Title	Date of Employment	Number of Years of Formal Education	Academic Degree(s) or Certificates Earned	Years of Current, Paid, Job Related Experience	Type of License or Certificate and Date of Expiration	Hours of Training During the Last 2 Years Within Speciality per 155.21 (8)	Subspecialty

6. Provide the names, addresses and license numbers, where appropriate, of all physicians, other professionally trained personnel, medical facilities, and other individuals or organizations with whom the program has a contract or affiliation. Attach copies of all contracts or affiliation agreements.

7. **A. LICENSURE APPLICATION IS BEING MADE FOR:**

\_\_\_\_\_NARCOTIC DETOXIFICATION/MAINTENANCE CHEMOTHERAPY

\_\_\_\_\_OWI CORRECTIONAL RESIDENTIAL TREATMENT

\_\_\_\_\_OWI CORRECTIONAL OUTPATIENT TREATMENT

\_\_\_\_\_CORRECTIONAL RESIDENTIAL TREATMENT

\_\_\_\_\_CORRECTIONAL OUTPATIENT TREATMENT

**MEDICALLY MANAGED INTENSIVE INPATIENT SERVICES: LEVEL IV**

\_\_\_\_\_LEVEL IV-MEDICALLY MANAGED INTENSIVE INPATIENT  
TREATMENT (MEDICALLY MANAGED)

\_\_\_\_\_LEVEL IV-Adult

\_\_\_\_\_LEVEL IV-Juvenile

\_\_\_\_\_LEVEL IVD-Adult Detoxification

\_\_\_\_\_LEVEL IVD-Juvenile Detoxification

\_\_\_\_\_PMIC (Psychiatric Medical Institution for Children)

**RESIDENTIAL/INPATIENT SERVICES: LEVEL III**

\_\_\_\_\_LEVEL III.7: MEDICALLY-MONITORED INTENSITY INPATIENT  
TREATMENT SERVICES (MEDICALLY MONITORED)

\_\_\_\_\_LEVEL III.7-Adult

\_\_\_\_\_LEVEL III.7-Juvenile

\_\_\_\_\_LEVEL III.7D-Adult Detoxification

\_\_\_\_\_LEVEL III.7D-Juvenile Detoxification

\_\_\_\_\_PMIC (Psychiatric Medical Institution for Children)

\_\_\_\_\_ LEVEL III.5: CLINICAL MANAGED HIGH-INTENSITY RESIDENTIAL SERVICES (PRIMARY)

\_\_\_\_\_ LEVEL III.5-Adult

\_\_\_\_\_ LEVEL III.5-Juvenile

\_\_\_\_\_ LEVEL III.3: CLINICALLY MANAGED MEDIUM INTENSITY RESIDENTIAL SERVICES (EXTENDED)

\_\_\_\_\_ LEVEL III.3-Adult

\_\_\_\_\_ LEVEL III.3-Juvenile

\_\_\_\_\_ LEVEL III.2D: CLINICALLY MANAGED RESIDENTIAL DETOXIFICATION

\_\_\_\_\_ LEVEL III.2D-Adult

\_\_\_\_\_ LEVEL III.2D-Juvenile

\_\_\_\_\_ LEVEL III.1: CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL (HALFWAY HOUSE)

\_\_\_\_\_ LEVEL III.1-Adult

\_\_\_\_\_ LEVEL III.1-Juvenile

**INTENSIVE OUTPATIENT/PARTIAL HOSPITALIZATION SERVICES:  
LEVEL II**

\_\_\_\_\_ LEVEL II.5-Adult Partial Hospitalization/Day Treatment

\_\_\_\_\_ LEVEL II.5-Juvenile Partial Hospitalization/Day Treatment

\_\_\_\_\_ LEVEL II.1-Adult Intensive

\_\_\_\_\_ LEVEL II.1-Juvenile Intensive

**OUTPATIENT SERVICES: LEVEL I**

\_\_\_\_\_LEVEL I-Adult Extended

\_\_\_\_\_LEVEL I-Juvenile Extended

\_\_\_\_\_LEVEL I-Adult Continuing Care

\_\_\_\_\_LEVEL I-Juvenile Continuing Care

**B. DESCRIPTION OF PROGRAM'S SERVICES, GOALS AND METHOD OF EVALUATION.**

8. Submit copies of reports substantiating compliance with federal, state and local rules and laws for each facility; to include, appropriate Iowa Department of Inspection and Appeals rules, state fire marshal's rules and local fire ordinances, and appropriate local health, occupancy code requirements and other applicable safety regulations, pharmacy license, and ACA accreditation.
9. Submit copies of a complete policies and procedures manual on compact disk, staff development and training plans and bylaws, and articles of incorporation. Also submit a schedule for each level of care or a narrative description of such to reflect weekly chemical dependency/addiction/problem gambling rehabilitation services or activities.
10. Submit fiscal management information to include a copy of recent audit or opinion of auditor, board minutes to reflect approval of budget and insurance, and verification of all types of insurance coverage.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Chairperson's Signature  
Board of Directors

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Current Mailing Address  
of Board Chairperson

\_\_\_\_\_  
Date